P1200069949

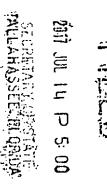
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T. LEMMEUX



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: Gavic Import Corp			
DOCUMENT NUMBE				
	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this mat	tter to the following:		
St	ephanic Silva			
_		Name of Contact Person	1	
_		Firm/ Company		
31	38W 81 St			
-		Address		
Н	ialeah Gardens, FL 33018			
_		City/ State and Zip Code	C	
enrique(@cpaservicescorp.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information c	concerning this matter, pleas	se call:		
Enrique Nowogrodzki CPA		at (<u>754</u>	400-1040	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

Gavic Import Corp.				
(Name o	f Corporation as currently	r filed with the Florida Dept	. of State)	
P12000069949				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this a	Florida Profit Corporation ad	lopts the following am	endment(s)
A. If amending name, enter the new na	me of the corporation:			
n/a			The	пеш
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "	Co". A professional corpora	orated" or the abbre	viation
B. Enter new principal office address,	if applicable:	n/a		
(Principal office address MUST BE A S				
		 -		
				
C. Enter new mailing address, if appli		n/a		
(Mailing address <u>MAY BE A POST</u>)	OFFICE BOX			
				
D. If amending the registered agent an	ıd/or registered office addı	ess in Florida, enter the nan	ne of the	
new registered agent and/or the new	w registered office address	<u>:</u>		
Name of New Registered Agent	n/a		<u> </u>	
•				
	(Florida str	eet address)		
New Registered Office Address:	n/a		, Florida	
in the second se		(City)	(Zip Code	,
New Registered Agent's Signature, if c Thereby accept the appointment as regis	nanging Registered Agent tered agent. I am familiar i	<u>:</u> with and accept the obligation	is o f t he posi tio n.	
				Ť٦
				in the second
	Signature of New V	Registered Agent, if changing	- \$\frac{1}{2} = \frac{1}{2}) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Signature of New P	ackmeren agem, y enunging	TO P	
			Q	المجانب

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>J</u>	ohn Doc	
X Remove	<u>V</u> <u>N</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Silva Victor A	3138 W 81 St
Add			Hialeah, FL 33018
x Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional A (Attach additional sheets, if necessary)	. (Be specific)				
v/a					
		·	 _	····	
		-			
					
	 .				
•			<u> </u>	_	
			····		
			_		
		· 			
. If an amendment provides for an ex	.change, reclassifica	tion, or cancellat	ion of issued shar	es.	
provisions for implementing the ar	nendment if not con	tained in the amo	endment itself:		
(if not applicable, indicate N/A)					
		<u> </u>			··
	· · ·				
 		· 			
				- -	

The date of each amendment(s) adoption:	, if other than the
fate this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	I(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	rnent
"The number of votes east for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehol action was not required.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (DC 3 director, president or other officer – if directors or officers have not bee	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	
Stephanie Silva (Typed or printed name of person signing)	
(Title of person signing)	